THE

CHICAGO MEDICAL JOURNAL.

VOL. XXIII. NOVEMBER, 1866. No. 11.

ORIGINAL CONTRIBUTIONS.

Rush Medical College—Opening of the Twenty-Third Annual Session. Introductory Address, by J. W. FREER, M. D., Professor of Physiology and Surgical Pathology.

GENTLEMEN,—It becomes my pleasant duty, on behalf of my colleagues of the Faculty, to welcome you to these halls of learning.

We need not ask your errand here. You come from your distant homes, the hillsides and valleys of the great West, to reside for a season in the metropolis of the lakes, not for purposes of pleasure, but at a sacrifice of both comfort and means, that you may place yourself in relation with advantages incidental to large cities for the acquirement of medical knowledge.

We hope and believe you will not be disappointed in any of your expectations, for, as heretofore, it will be our constant endeavors to render every facility which ample means under our control, and long experience as teachers of medical science, may enable us to offer.

As an evidence of appreciation, we are pleased to observe so many present on this occasion who have heretofore honored us with their attention.

To those who are as yet strangers among us, we would beg leave to add, that we hope that our mutual labors during the

coming session may serve to familiarize us with one another, and that in future you also will give evidence of favor and appreciation by many returns to the institution of your adoption.

Permit me, then, in behalf of the Faculty, to extend to you the hand of fraternal regard, and welcome you to the rewards and labors of the session.

Doubtless you all expect to attain the honorable position of Doctors of Medicine, and to practice the science and art of healing as a calling in life. To secure that object you should become fully apprised of the attainments and qualifications necessary to a respectable position in the profession of your choice.

It has become a trite saying that a candidate for admission to a medical school should have gained what is termed a "good preliminary education." Now this phrase may signify more or less, according to its interpretation by different parties or nationalities.

In Europe, it implies a long and exhaustive university training, to the end that the mind may be stored with much that is useful, and stuffed with more that can be of no practical value —mere lumber and trash, never to be available in future life, or recalled, unless by way of regret that so much valuable time was consumed in the accumulation.

While, in this country, we have, perhaps, erred in the opposite extreme, in not demanding tests of any kind before admission to our medical colleges, the doors being open to all who may choose to enter, each being "a law unto himself," and the sole judge of his fitness for the race. If, perchance, there may have been an over-estimate of qualifications and ability for the contest, the mistake brings forth its legitimate fruits of chagrin and mortification on that final day so much dreaded by all candidates for medical honors.

The custom of throwing the responsibility on the candidate as to fitness to enter upon a course of medical studies may be in accordance with the spirit of our free institutions, in which every man claims the sovereign right to regulate his own conduct, with the privilege of selecting and entering upon any calling, at any time or place, prepared or unprepared. Yet, is

this condition of things conducive to the advancement and elevation of the medical profession? Who will not answer negatively? especially if men, as heretofore, are admitted to our ranks whose preparatory education does not embrace even the scanty round of studies taught in a country school-house.

Now, while it might be carrying matters too far to demand what is termed a classical or liberal education, still, would it not be better to require that students before being permitted to enter a medical school should present ample evidence of at least having attained a respectable knowledge of their native language, and whatever else of learning has been acquired, so much the better.

From the generally intelligent appearance of the young gentlemen present, I venture to predict that these modest requirements have been complied with, and more than this, you have doubtless received educations in which the functions of the body, the mind and the heart have been actively exercised and developed, in which the sinews of thought have been strengthened, and habits of attention and concentration acquired. Thus prepared, a student of medicine may enter upon his career with the legitimate hope that his labors in the various sciences will secure a full portion of all that may have been anticipated in moments of the most exalted ambition.

Gentlemen, you enter upon your career as students in stirring times. Progress is stamped upon all human undertakings, and on none more conspicuously than the science of medicine. We are no longer bound over hand and foot to venerable authority and exclusive systems of reasoning. Instead of these we find an independent thought and action prevailing among the great body of scientific workers, evinced by an earnestness of purpose in the evolvement of truth for its own sake and legitimate application, and not as the prop and support of preconceived theories and speculations.

This Faculty profess to be imbued with this spirit of advancement; therefore, your time will not be consumed in listening to cherished hobbies or theories—the deductions from unestablished facts. Your attention will be mainly directed to demonstrable truths—to facts either palpable to the senses, or established by

incontrovertible evidence, so that whatever you may hear, see, or observe, may be stored up in your memories as so much real scientific treasure—subject to no discount, and from which aid and comfort may be drawn throughout your professional lives.

The time allotted us is so limited, we can scarcely expect to go beyond the primary elements of the different sciences embraced in the curriculum. Yet these elements are to the abstruser parts what the fundamental rules in arithmetic are to the higher operations in mathematics. It is with these elements that the great problems in medical science are to be wrought. Separated from these, your lives as scientific men will be without foundation or aim.

Teachers of medical science sometimes not only magnify the calling but the importance of their particular branch. Yet all concede to anatomy the first place, without which there can be no scientific medicine or surgery. You will, therefore, cultivate it diligently. It is a subject that cannot be mastered by books and lectures alone, these means being mainly important in giving the language of the science. But, by practicing dissections, by handling, feeling, and seeing, we get a material and practical knowledge that will be retained by the memory long after the language is forgotten. Awful as it is to stand, day after day, in the presence of the dead, the value of dissection is such that it cannot be too strongly insisted upon. It is the very foundation of success, whether for the physician or the surgeon. All those who have risen to eminence, either as physicians or surgeons, have been thorough anatomists. The immortal Harvey revolutionized the entire practice of physic by his knowledge of anatomy. The incessant labors of Hunter in the dissecting room enabled him, aided by the light of genius, to confer such honor upon our profession, and so many benefits upon mankind.

Sir Astley Cooper boasted that he never passed a day, even in the zenith of his practice, without dissecting some part of the body. A physician or surgeon ignorant of anatomy, is like a man professing to mend watches without ever having opened one; or like a traveler wandering in a foreign land, ignorant of its geography, and without chart or compass; or a General

at the head of an army, marching and fighting in a country he has never seen—with slender knowledge acquired through danger, clouded by suspicion, and obscured by wilful falsehood.

But the physician can become acquainted with the body, which is the subject of his art, in all its varieties of health and disease, and may thus learn to direct his gaze through skin and fascia, muscle and nerve, down to the very organs of central life. And the surgeon, as he battles for the welfare of his patient in some hazardous operation, may enjoy, as a matter of course, the inestimable advantage of a battle-field which he has already studied expressly as the scene of such a conflict.

It is not for me to point out the details which must demand the attention of the student at different stages of his course. But, when I remind you of its threefold object—that you must dissect to learn the situation or landmarks of the vital organs most concerned in the practice of physic; to recognize the structures, around and within which surgery finds its occupation; and lastly, to gain the operative skill which is only thus to be acquired—you will understand why this practical and personal instruction in anatomy claims so much of your time, and why it comes foremost in the thoughts of a medical teacher, whatever his own special department of instruction. Without it you cannot even begin to acquire a knowledge of many other subjects indispensable to your success as medical scholars. It is the fulcrum of all your subsequent efforts.

You will listen with ever-increasing attention and interest to the lectures on chemistry, with their ample illustrations and beautiful experiments. And when you come to realize the unfolding of the exact laws of this science, with their numerous applications to the useful arts, to the detection of poisons, the nature of disease, and the products of its ravages; of substances for our sustenance, and to the expounding of those physical forces by which we are surrounded, you will feel like lingering on the very threshold of your profession for a more satisfactory survey of this vast storehouse of scientific wealth. At the very beginning of physiological science we are shown its dependence upon chemistry. Without its aid, what would we know of some of the most important functions of the body, of digestion, the

nature of secretions and excretions, of the bile, the urine and the gastric juice? We should have no knowledge deserving the name respecting the nature of the blood, the lymph and the textures of the body.

It is almost needless to call your attention to the importance of a knowledge of physiology. It should claim a large share of your attention during your pupilage, and throughout your professional lives. Without this accomplishment you can have no just conception of the laws by which we move and have our being, or of the relations which we sustain to the external world. Anatomy may have been acquired in its broadest sense—descriptive, special and general; chemistry may have yielded her choicest secrets; physics may be as "an oft told tale," and you may have added all other accomplishments of learning, yet, without a special knowledge of physiology, you will lack the very soul and essence of medical science. By it we are permitted to enter the very "Holy of Holies"—to see the workings of the myriad of agents revealed by anatomy, to realize more clearly the nature of that mysterious force about which mankind in every age have been exercised—Life! the motor power of all the living.

A thorough knowledge of its teachings imbues those who practice our calling with an unpretentious spirit—a spirit of modesty and caution while administering to those states termed diseased action, especially when reflecting that neither human skill nor invention has ever yet been able to reproduce the simplest form of life, nor the minutest organic particle in its own proper composition and function, and that all we are permitted to know are some of the conditions necessary to the manifestation of the phenomena of life. The physiological physician does not always see in the materia medica a ready means of regulating the system, of changing the secretions, correcting the liver, and of "putting things to rights" generally, but he often sees the absence of conditions that are necessary to the due performance of the living functions, and supplies them like a good and faithful follower of nature. You will, therefore, pursue with zeal this indispensable branch of medical science, and your reward shall be not only its every day appli-

cation to the amelioration of the condition of suffering humanity, but your minds will be expanded and ennobled thereby as with no other course of mental training, for you will have had a glimpse with the great poet, and will have seen that,

> "Far as creation's ample range extends,
> The scale of sensual, mental power ascends.
> Mark how it mounts, to man's imperial race,
> From the green myriads in the peopled grass;
> What modes of sight betwixt each wide extreme,
> The mole's dim curtain and the lynx's beam;
> Of smell, the headlong lioness between,
> And hound sagacious on the tinted green;
> Of hearing, from the life that fills the flood,
> To that which warbles through the vernal wood.
> The spider's touch, how exquisitely fine,
> Feels at each thread and lives along the line.
> In the nice bee, what senses so subtily true,
> From poisonous herb extracts the healing dew.
> How instinct varies in the groveling swine,
> Compared, half reasoning elephant, with thine.
> 'Twixt that and reason what a nice barrier;
> Forever separate, yet forever near!"

Pathological conditions are the result of irregular physiological action, and are therefore interpreted by the latter. We cannot enter this vast field of perverted life without this biological key. Without this exponent, diseases appear to the minds of men as involving forces and conditions totally distinct from those ordinarily present in the body—as entities—as demons, to be cast out or exorcised with substances of supposed marvelous potency, instead of being simple defects in the nutrition of parts, to be remedied by supplying the conditions of physiological order.

Perceiving, then, the inseparable relation existing between physiological and pathological states—how the former gradually merges into the latter, and so faint is the line of demarkation that it cannot always be distinguished, you will be convinced that without these twin accomplishments you can never interpret disease aright, and, moreover, that your professional lives must necessarily be those of empirics and pretenders, rendering you liable to be seduced into the various *pathies*, *isms* and exclusive systems of the day.

Thus triply armed with anatomical, physiological and pathological learning, you may enter upon the study of the practical

branches with profit and pleasure. The teachings of the theory and practice of medicine simply embrace the higher combinations and applications of your attainments in the fundamental sciences.

Disease, to be properly understood, must be read with a physiological eye, the departure from its standard measured by pathology, and the nature of its products be determined by chemistry and morbid anatomy.

The same rules apply to the science of surgery. The physician and surgeon occupy common ground up to the point of operative interference. Here the latter rests upon his anatomical knowledge for the security of his patient and his reputation as a man of skill.

There are those who make bloody and disgraceful records in the world, having no other claims to public confidence than temerity, some mechanical genius, and an indifferent knowledge of anatomy.

But here you will be taught that the greatest triumph in surgical science is that of determining the correct pathology, diagnosis and prognosis of disease, and of judging accurately of the propriety or impropriety of operative procedure.

No true surgeon lops a limb, cleaves a part, or mutilates an organ, without regret that the science has not as yet arrived at that state of perfection to enable him at all times to save rather than destroy.

Thus, every department in medical science is the fruit of a common stem, nourished and developed from a common source, and whatever of difference there may seem betwixt the various specialties in the healing art, to the enlightened mind all are seen to revert back to a common fountain for elucidation.

The science of medicine is said to be progressive; and has it not progressed since the days of Hippocrates, of Galen and of Celsus? Mark the accelerated advancement from the time when the brave and immortal Vesalius, who, contrary to the most violent prejudices of his time, introduced the practice of dissecting the human body. And again, what an impulse was given when the great genius of Harvey discovered the circulation of the blood—an impulse at first scarcely perceptible; but

when this great physiological truth had had time to penetrate the thick crust of hallowed errors pertaining to this subject, all the true followers of medical science were electrified with new hope and great prediction of a "good time coming" in the dim future, when medicine would, indeed, be purged of the opprobrium of being but a medley of contradictions, and proudly take her place by the side of the exact sciences. Although to the present time those hopes and predictions have been but partially realized, yet we have reason for increased assurance and encouragement, especially when we come to reflect that, comparatively within a recent period, so many things of vital importance to the advancement of medical science have been placed upon a solid and immutable basis.

With what patience and genius have the great workers in the world of nerve-matter pursued their devious way. They have questioned, racked and tortured the whole scale of animal life for facts and phenomena by which to generalize and develop the laws which govern the mental and physical man. These labors have been rewarded beyond precedent, in placing functions and actions incident to this wonderful system, with its indefinable and inscrutable influence over living tissues, on a basis scarcely less broad than that of the circulation of the life-giving fluids.

What an advancement over former times in the art of diagnosis! With the discoveries of Laennec of auscultation and percussion, a new era dawned upon the medical world. His great heart would have been gladdened could he have been assured that, in less than half a century, optical instruments would be in use capable of revealing in the living subject the deepest recesses of the eye, the intricacies of the larynx, the channel of the urethra, and the cavity of the bladder. Yet, by the genius of man, all these things have been accomplished within the past few years, and by the aid of the laryngoscope and urethroscope, light has been forced around angles and into recesses never before visited by its rays, bringing back the secrets of textural and pathological changes hitherto unrevealed in the living subject.

Doubtless the ancient fathers would have been amazed and

startled from their propriety could they have penetrated the future, to behold the surgeons of our time performing the most cruel and formidable operations, with the subjects of their skill unbound and untethered, no sturdy assistants repressing the physical manifestations of an agonizing spirit, but quietly resting in the arms of Lethe until awakened to gladness by the assurance that the terrible ordeal was past.

Did the wildest enthusiasts ever dream that the time would come when the original curse upon woman—"In sorrow shalt thou bring forth children"—should be shorn of its pangs, and the couch of travail be transformed into a downy bed of ease? All these things and more have been accomplished within the memory of the youngest of our number present.

In fact, the improvements, discoveries and amplifications in the different branches have been so extended within recent times that the student finds himself beset with tasks and difficulties of such greater magnitude than those encountered by his predecessors, even of a few years since, that he may well be excused if occasionally found indulging in the weakness of discouragement; and it is simple candor to acknowledge, that there are but few minds capacious enough to contain and make available all that has been attained in the science of medicine and surgery of to-day. Therefore, without by any means wishing to encourage neglect in the acquirement of a thorough knowledge of all the subjects embraced in a course of medical instruction, yet I believe it both proper and expedient to select some department that may be suited to our tastes, genius, or inclinations, on which, in future professional life, to concentrate all of our best energies and attainments. In this way, and in no other, can we become proficient in our calling.

Many now in the full practice of their profession, in looking back through years that have gone, passed in the practical study of disease, remember the feelings of awe with which they contemplated the numerous sciences they had to study, the lectures they were doomed to attend, and the apparent impossibilities which had to be overcome before they could throw aside the title of student and emerge as medical practitioners. For the encouragement of those about to tread the same path, let

us add that, by moderate industry and perseverance, all these difficulties will be vanquished. Students may be assured that, with average talent, assiduity and study, they may surmount all that now appears intricate and impracticable. There is no royal road to knowledge, the path is open to all, but it requires constant application to triumph over its obstacles. By working well, ample pleasures and recreations will be won.

In the delights of social intercourse, and in the broad fields of general literature, medical pupils will find inexhaustible sources of gratification. We would especially recommend them to cultivate a taste for reading. Knowledge is a tree whose trunk rises simple and massive, and then parts itself into branches. These branches are laden with fruit, which require but the labor of gathering, a labor which should prove one of love. Whoever has eaten of that fruit in the morning of life, will return to the tree with increased zest in the heat, the burden and the decline of day.

> "Comforts, yea, joys ineffable to find
> Who seek the prouder pleasures of the mind."

Literature and philosophy, sincerely cherished, are friends for life. They multiply and refine our pleasures, soothe our afflictions, soften the pangs of sickness, and embellish and irradiate the most toilsome career.

They must be pursued and cultivated, however, in a proper spirit, always remembering, as Lord Bacon said, the greatest error of all the rest, is the mistaking or misplacing of the last or farthest end of knowledge, for men have entered into a desire of learning and knowledge, sometimes upon a natural curiosity and inquisitive appetite, sometimes to entertain their minds with variety and delight, sometimes for ornament and reputation, and sometimes to enable them to victory of wit and contradiction, and most times for place and profession, and seldom sincerely to give a true account of their gift of reason to the benefit and use of men; as if these sought in knowledge a couch whereon to rest a searching and restless spirit, or a terrace for a wandering and variable mind to walk up and down with a fair prospect, or a tower of state for a proud mind to raise itself

upon, or a fort or commanding ground for strife and contention, or a shop for profit and sale, and not a rich storehouse for the glory of the Creator and the relief of man's estate.

A Case of Placenta Prævia. By JOHN REID, M. D., Chicago.

On the 2d of February last, I was called to see Mrs. P——, who was in the seventh month of her third pregnancy. She suffered from indigestion, constipation and general debility; but her principal complaint was of a steady, persistent pain in the right hypochondriac region which had troubled her for several months. There was no special tenderness of the part on pressure. The persistence of the pain, rather than its severity, occasioned her great anxiety; and she expressed her fears that there was something wrong in the position of the fœtus, or in the state of the womb, which would compromise her safety when she came to be delivered. I could not form a decided opinion as to its cause, but was inclined to think it might be dependent on the disordered state of her digestive organs. Under treatment directed to the improvement of that condition, she materially improved in health and spirits, but the pain continued.

I did not see her again until the morning of March 26th, when she sent for me in urgent haste. She had been seized a few hours before—while lying quietly in bed—with flooding to an alarming extent, which still continued, though in much less degree. Vague pains in the back and abdomen had preceded and accompanied it. She was just entering upon her ninth month. I at once administered half a drachm of fluid extract of ergot, and prescribed smaller doses every hour during the continuance of the flooding. I remained about two hours, when the hemorrhage had almost ceased. The discharge ceased altogether soon after I left in the morning, and her pains also subsided. No pains appeared to have been induced by the ergot.

27th.—Patient passed a restless night. Complained of acute headache, ringing sound in her ears, strong pulsation in her temples, and an uncontrollable state of alarm. Her counte-

nance was flushed, pulse full and bounding, but soft and compressible. No return of hemorrhage. Prescribed cold applications to head, and an ounce of castor oil, as her bowels had not been moved for several days. In the evening she was more comfortable; bowels had freely moved. She had not slept and was dreading another wakeful night. Prescribed a third of a grain of sulphate of morphia.

28th.—Passed a comfortable night, and feels better in all respects. Enjoined rest in bed and careful avoidance of excitement.

A few days afterwards, I called, as I had not heard from her, and found her up and feeling comparatively comfortable, but very weak. I insisted on her going to bed and remaining there, which she did, and I heard no more of her until the morning of the 7th of April, when I was again summoned to her assistance. A profuse gush of blood had taken place about 3 o'clock A. M., while lying in bed.

The discharge had, as in the former instance, been preceded and accompanied by slight pains. By the time I arrived, which was 7.30 A. M., the flooding had greatly abated. She had commenced the use of the ergot mixture (℞ Vin. ergotæ, ℥iiss., fl. ext. ergot. ℥ss., M., dose ℥j.) on the first occurrence of flooding, and kept it up every hour as directed. I remained an hour—continued the use of the ergot, and had the satisfaction of finding the hemorrhage rapidly abating. In the course of the day it ceased entirely, and the pains which had been quite irregular passed off. For the first time, I made an examination in hope of finding an explanation of the hemorrhages. The os was closed, the cervix very short, but not quite obliterated. On pressure with the finger the walls of the uterus seemed soft and cushion-like. The sensation conveyed by the touch confirmed the conclusion I had previously reached, that the case was one of placenta prævia.

During the interval of these attacks my patient had rallied well from the effects of the first. Rest in bed, with judicious diet and nursing, had done much to restore the loss, so that, although she was much prostrated by it, she bore the second attack better than I could have expected.

8th.—Under the influence of opium she had passed a quiet night and continued comfortable through the day. She partook freely of beef-tea and milk, which agreed well with her.

17th.—Called in haste at 9 A. M., in consequence of another attack of hemorrhage. She had experienced slight pains during the preceding day and evening, which increased during the night, recurring at regular intervals. A slight flow had taken place in the night, but not sufficient to excite much alarm until about 6.30 A.M., when it became profuse. When I arrived my patient's blanched appearance and feeble pulse indicated the necessity for prompt interference to arrest the hemorrhage. She had now arrived at her full term, and the regular recurrence of pains showed unmistakably that labor had commenced.

The time for decisive action had arrived. What that action should be could only be determined by the condition of the os uteri. Providing myself with a knitting needle, in case I should conclude to puncture the membranes, I made an examination, and found the os closed and apparently rigid. On attempting to introduce the finger, I found the posterior lip yielded, so that I passed my finger and felt the placenta implanted over the os. It was firmly attached over the anterior lip, but posteriorily it was partially separated, and I could introduce my finger for a short distance in that direction. Introducing my whole hand into the vagina, as the os uteri was high in the pelvis, I pushed my finger onwards, separating the placenta in search of its edge, beyond which I intended to tap the bag of waters. I could not reach it,—the presentation of the placenta being at least nearly central.

The contracted state of the os interposed an insuperable obstacle to the introduction of the hand for the purpose of effecting delivery, and equally opposed the accomplishment of Dr. Simpson's plan of removal of the placenta. Had Dr. Barnes' dilator been accessible to me, I should have used it. As it was, three practicable methods, or a combination of them, remained to me: 1st, Rupture of the membranes through the substance of the placenta; 2d, Dr. Barnes' method of partial separation of the placenta; 3d, The tampon. The first I decided against on account of the risk to the child.

I determined on the second, and then if flooding should continue, to use the tampon. Accordingly, I separated the placenta as far as my finger could reach over the posterior lip, but on attempting to sweep it around over the anterior, I found it impossible to do so, owing to the firmness of its attachment. I then removed my hand, and found to my surprise that the hemorrhage had ceased. I say to my surprise, for I supposed my failure to separate the placenta from the entire lower zone of the uterus would necessarily entail the penalty of continued and increasing flow.

It was now 8.30 A. M., and during all the time which had elapsed since the commencement of discharge in the night, my patient had been taking the ergot mixture every hour as prescribed, and in addition, I had administered a drachm of the fluid extract immediately on my arrival. On the cessation of the hemorrhage, the ergot was discontinued. The pains continued regular but feeble, and notwithstanding the quantity she had taken, had nothing of the ergotic character. On the contrary, as the day advanced they gradually declined, so that from 10 A. M. until about 4 P. M. hardly any were felt. I remained with her, except at brief intervals, throughout the day. Towards evening the pains returned with more frequency, and with them a renewal of the discharge. An examination at this time showed but little change in the condition of the os. The anterior lip remained rigid as before, while the posterior was more dilatable. I recommenced the use of the ergot mixture, and by 7 P. M., persistent pains, with little intermission, showed the decided action of the drug; a slight discharge occurring at intervals. I now discontinued the ergot and sat down to wait results. By 8 o'clock the pains had died away,—the os was more dilatable, but not dilated, and scarcely a sign of discharge.

8.30 P. M.—Slight increase of discharge, but no pains. Called Dr. Paoli in consultation. On ascertaining the condition of the os, he urged the use of gallic acid, 15 grs., and tartar emetic, ½ gr., every half hour, four doses of which were given.

11 P. M.—Still no pains; os unchanged; slight continuous discharge. Patient by this time was fast losing strength and courage, and it was evident she must succumb unless delivery

could be speedily effected. No warrantable degree of force would penetrate that rigid os uteri. What, then, was to be done? I was opposed to the use of the tampon, both on account of the passive state of the womb and the extensive separation of the placenta, which would permit the efflux of blood between the membranes and uterine walls. There seemed to be no resource but to administer stimulants and wait for such a degree of dilatation as was necessary to effect delivery.

12.30 A. M.—Os uteri much more relaxed and dilatable, (but only in its posterior lip;) discharge increasing. At my request, Dr. Paoli now proceeded to make an attempt to deliver through an opening made in the placenta.

After a tedious effort, he succeeded in making an opening large enough to introduce the hand, and then requested me to relieve him, as he was too much fatigued to proceed. Before his hand was withdrawn I administered a drachm of fluid extract of ergot, and immediately as he withdrew his hand introduced my own, and pushing it on quickly through the placenta, found the head presenting, occiput backwards. Pushing onwards I found a knee, behind which I hooked my finger, and turned without much difficulty. It required considerable time and force, however, to bring the child, which was large, through the comparatively unyielding os; but we concluded that prompt delivery was necessary to the safety of the mother, while it afforded us the only hope of saving the infant. As it was, the delay in the passage of the head was unavoidably so great that I had given up all hope of the child, when I felt it make a convulsive movement. Stimulated by this sign of life, I renewed my efforts, and soon succeeded in effecting its delivery. To all appearance it was dead. With Dr. Paoli's assistance, a combination of Sylvester's and Marshall Hall's ready method was diligently practiced, with alternate dippings in hot and cold water. After, perhaps, five minutes, a feeble gasp encouraged us to proceed. By and by came another and another at considerable intervals, until at length, after fully half an hour from the time of delivery, a feeble wail and the occurrence of regular respiration rewarded our efforts.

In the meantime, having satisfied ourselves that on the part

of the mother the flooding had ceased, and the womb had well contracted, she was entrusted to the care of a nurse, who was instructed to grasp the uterus through the parietes and exert steady pressure thereon.

The safety of the infant being now insured, I requested Dr. Paoli to see to the mother. The placenta had not come away, and on introducing his hand to remove it, found it was impossible entirely to detach it, owing to its close adhesion over the anterior aspect of the womb. Though fearfully exhausted, the condition of the patient was promising. A full dose of opium served to tranquilize her nerves and steady her pulse. I remained until daybreak, when I left with good hopes of both mother and child. The child lived and performed all its functions well for a week, when it was seized with symptoms of intussusception and died.

The mother remained under treatment for some time, but progressed favorably from day to day. The small retained portion of placenta came away a few days after delivery.

Owing, I suppose, to the great loss of blood, no lacteal secretion was formed. To-day, five months from her delivery, she is in good health, although she has not regained her former vigor.

Clinical Lectures on Diseases of the Eye. By E. L. HOLMES, M. D., Lecturer on Diseases of the Eye and Ear in Rush Medical College.

STRABISMUS.

GENTLEMEN,—I scarcely need dwell upon the description of the operation for strabismus which you have just seen performed. The different steps in the operation have been several times explained during the course; and yet, as this is probably the last opportunity we shall have of alluding to the subject this winter, I desire to call your attention to several important points. Although there are various modifications in the operation, which you can find described in different works on ophthalmology, I advise you to confine yourselves to the ordinary method, till you have acquired actual experience in operating.

First, therefore, after separating the lids by the aid of the

spring speculum or levateurs, and, when necessary, rotating the eye to a convenient position by means of a delicate hook, you seize a horizontal fold of the conjunctiva, snip it with the scissors in such a way that there will be a vertical incision about a third of an inch in length through the mucous membrane, and two or three lines from the cornea; second, after dissecting carefully the cellular tissue to the sclerotic, you pass the blunt hook under the tendon of the muscle and divide it close to the sclerotic. Instead of the blunt hook, passed under the muscle, there is good authority for using a small pair of toothed forceps to seize and slightly elevate the tendon previous to severing it. In this way, there is less pain and less extensive separation of the conjunctiva from the sclerotic than when the blunt hook is used. The dressing necessary after this operation, is simply wet compresses laid over the lids for a few hours. It is well to exclude the patient from exposure to changes of temperature and from use of the eyes for some days. The extravasation of blood into the cellular tissue of the conjunctiva often occurs, but need cause no apprehension. Occasionally, cicatrization takes place slowly, in consequence of the formation of a button of granulations in the wound. This can be snipped off with a pair of scissors.

As regards the steps of the operation, there are perhaps but two points to which there is particular necessity of caution.

The first is, you should not attempt to introduce the blunt hook till the mucous membrane has been fully divided down to the sclerotic. The second is, in dividing the tendon of the muscle, that you should avoid injuring the sclerotic by the imprudent use of too sharp-pointed scissors.

Although the operation is comparatively simple, it is important that great delicacy in the use of instruments should always be employed. Care should be taken that no instrument, however blunt, should come in contact with the cornea.

To acquire skill, you should dissect the muscles of the eye, in reference to this operation, as much as possible, and practice the fingers frequently in the use of the necessary instruments.

Before proceeding to an operation in any case, it is necessary that the diagnosis should be well established. The only affec-

tion you would often be liable to confound with ordinary strabismus is paralysis of the internal or external rectus, by which, of course, the cornea is permanently turned in the direction of the unaffected muscle by the tonic contraction of the latter. To the careless observer, paralysis of the external rectus might be mistaken for internal strabismus, since the eye (cornea) would, in such case, be turned towards the inner angle. *Vice versa* might (paralysis of the internal rectus) be confounded with external strabismus, since the cornea, in both cases, would be turned toward the external angle.

Spasmodic contraction of the internal or external rectus, which would, to a certain extent, simulate internal or external strabismus respectively, are very rare affections.

In reference to diagnosis, you should impress upon your minds the fact, that uncomplicated strabismus is a deviation of the visual axis (cornea) in a particular direction, to a degree, in each individual case, almost constant, with, however, almost perfect freedom of movement of the globe in all directions.

In the vast majority of cases, strabismus is an affection principally of the internal and external recti. You will rarely meet with superior and inferior strabismus.

In rotating the eyes from left to right, in uncomplicated strabismus, the corneæ both move to an equal extent, as you can observe by watching the distance over which the centre of the cornea, or a spot on the iris, moves from right to left along the edge of the lids.

The strabismus is sometimes alternately first in one eye then in the other. In either single or alternate strabismus, if one eye be fixed upon an object directly in front of the patient, the other eye will be "crossed;" if now the "straight" eye be covered with the hand, the "crossed" eye can be fixed upon the object. On inspecting the eye behind the hand, it will be found that this is now "crossed."

This form of strabismus has been termed of late years, "concomitant" strabismus, to designate it from fixed strabismus, (lucitas.)

When there is free movement of the eye, or when, on covering an eye already fixed upon an object, the "crossed" eye

becomes straight, and the covered eye becomes crossed, there is almost always a favorable prognosis in regard to the result of the operation.

You should, however, bear in mind what many seem to forget, that, when the strabismus is very extensive, an operation often but partially restores the eye straight; or, if the eye becomes straight, that the other eye becomes turned. In such cases, it generally becomes necessary to operate at once on the other eye.

Although this operation is usually most satisfactory in respect to the restoration of the parallelism of the visual axes, and often improves vision, you must not expect that sight will always be regained in the affected eye—nor even that, without exception, the visual axis will be absolutely restored to its exact normal position.

The operation is, perhaps, attended with most favorable results, when the patient is between 5 and 15 years of age. I would advise you usually to perform the operation with the patient under the influence of an anæsthetic. You have seen, in two instances, how little dependance could be placed in the courage of patients, since, in these cases, the operation was interrupted by fainting.

The nature and causes of strabismus are still, in many respects, not well understood. Although long monographs have been written on the subject, the precise relation of cause and effect requires much more study. Donders, of Utrecht, after careful examination of many cases of convergent strabismus, has shown that, in a very large portion of instances, it is produced by hypermetropia, or that condition, as we have seen, in which the rays of light from very distant objects (parallel rays) are brought to a focus behind the retina, unless a certain portion of the power of accommodation is called into action.

You remember that the normal eye receives perfect images on the retina from very distant objects, when the accommodative apparatus is in perfect relaxation. Distinct vision of near objects with both eyes takes place, not only by calling in action the power of accommodation, but also by a contraction of the internal recti. There is a relation within certain limits between

the amount of the accommodative power necessary in vision and the degree of convergence in the visual axes, produced by the contraction of the internal recti.

In the normal eye, on looking at very distant objects, the internal recti and the apparatus of accommodation are in perfect relaxation. As the eyes are directed to nearer objects, the divergency of the optic axes, as also the amount of contraction of the adjusting (ciliary) muscle, both increase in their relative proportion. The greater the demand upon the power of accommodation, (as in looking at nearer and nearer objects,) the greater is the tendency to converge the visual axes. Now in hypermetropic individuals, while looking at distant objects, the eyes (visual axes) remain parallel, while the power of accommodation is called into action. A portion of the accommodative power has thus been already necessarily expended before there is a demand upon the internal recti to produce convergency of the visual axes; it follows then, that, in looking at near objects, almost the whole power of accommodation is expended; and on looking at objects somewhat nearer, there is a necessity of the greatest possible effort on the part of the adjusting muscle. This great effort in the normal eye should be accompanied by a corresponding convergency of the visual axis.

But while the power of accommodation thus called into action in the hypermetropic eye would adapt the normal eye to a very near object, the required convergency is such as would be necessary in simply looking at quite distant objects. Such eyes are unable to endure this abnormal antagonism between the apparatus of accommodation and the recti muscles. Hence, while one eye is directed to the object, the undue tendency to contract in the other internal rectus, turns the eye (cornea) inward.

You will thus bear in mind that, in a very large proportion of cases of converging strabismus, the presence of hypermetropia is the predisposing cause.

On the other hand, myopia is the predisposing cause of diverging strabismus.

In the myopic eye, the antero-posterior diameter is so long, that the rays of light from distant objects, (the accommodating apparatus being totally relaxed,) unite at a point in front of the

retina. The objects must be brought near the eye to form distinct images *on* the retina. Hence, as the object is near, although the apparatus of accommodation is in a state of relaxation, in which the visual axes should be parallel, there must be a convergency of these axes.

Now, as the eyes become fixed upon still nearer objects, there is a greater demand upon the internal recti for convergency, than is actually called for by the effort on the part of the accommodative apparatus. The force of the internal recti is thus partially expended before it is normally called for; it is all expended before the whole power of accommodation is called into action. As, with the increase in the effort of accommodation, more is demanded of the internal recti than they can perform, they become weary; the weaker muscle yields to its antagonist, the external rectus, and divergency is the result.

In addition to this cause, is one, perhaps, of more importance; the fact that the globe is elongated in myopia, increases the resistance to the action of the internal recti, and, consequently, the weaker muscle is sooner wearied, which tends to give a relatively greater power to one of the external recti.

I am well aware how imperfect these few remarks upon strabismus are. Our limited time has prevented a further discussion of the subject. I must, however, refer you to a few interesting and important points for your future study.

1st. The necessity of suitable convex lenses after operation for strabismus, where hypermetropia is present, not only to aid the vision of the patient but to prevent return of the strabismus.

2d. The fact that the line drawn from the centre of the cornea through the centre of the globe—or centre of motion, which is somewhat behind the mathematical centre, does not coincide with the line drawn from an image of an object on the macula lutea to the object, but forms an angle varying from about 5° to 9° and even 11°.

3d. Why all patients who are hypermetropic, are not affected with strabismus.

4th. What other conditions are favorable to the production of strabismus.

5th. The reason why, while paralysis of a muscle produces

double vision, this is seldom present in uncomplicated strabismus; and why, sometimes after operating for strabismus, double vision appears.

6th. The indications for the operation of dividing the tendon of one of the recti, and bringing the end of the muscle forward, to be attached to the sclerotic nearer the cornea.

7th. The use of prismatic glasses.

Although much has been written on these subjects by different authors, I must refer you particularly to the works of Donders and Græfe.

Local Anæsthesia. By HENRY T. GODFREY, M. D., Benton, Wisconsin.

My apology for presenting the following cases to your notice is, not that they contain anything of novelty, but because they go to show the utility of Dr. Richardson's method of producing local anæsthesia to the country surgeon, who often finds it difficult or impossible to obtain the assistance necessary for the safe administration of chloroform. Sulphuric ether was used in the following cases:

1. Alice R——, æt. 16. Application of spray thirty seconds. Extraction of molar tooth, without pain. No ill effects.

2. Henry B——, æt. 12. Deep incised wound in back, caused by point of a plough. Application of spray forty seconds. Introduced three sutures, without pain. Wound healed well.

3. Same patient. Incised scalp wound. Application of spray thirty seconds. Introduced two fine sutures. Slight pain.

4. John S——, æt. 27. Onychia of three months' standing, which is so irritable that the slightest touch gives pain. Application of spray sixty seconds. Excision of one-fourth of nail, without pain.

5. Lawrence D——, æt. 60. Application of vapor thirty seconds. Extraction of molar tooth, without pain. This patient was under treatment for pneumonia, of which he died on the fourth day following.

6. Mrs. R——, æt. 30. Potts' fracture, followed by abscess of ankle-joint. This patient was so intractable during the

early part of her illness, that she could not be induced to lie still, or permit any appliance to maintain the foot in proper position. Application of spray sixty seconds. Enlarged the wound. Extracted a piece of carious bone, without pain.

On the day following, opening of abscess, also, without pain, or other ill effect.

7. Mary Ann S——, æt. 17. Encysted tumor, size of a walnut, in the left superciliary region. Application of spray seventy seconds. Excision of tumor, without pain or ill effect.

HOSPITAL REPORTS.

COUNTY HOSPITAL SURGICAL CLINIC.

Strictures of the Urethra—Perineal Section. By GEO. K. AMERMAN, M. D., Attending Surgeon.

GENTLEMEN,—To-day, we shall occupy the greater portion of the hour in studying the causes, symptoms and treatment of strictures of the urethra. This affection, though not of very frequent occurrence, is still sufficiently so to demand your careful consideration; and if you would make yourselves competent to manage a bad case, you must first thoroughly understand the subject, and possess, in addition, patience, perseverance and skill.

In the study of this subject, and to make it as simple as possible, let me direct your attention to the patient now before you. He is 53 years old, of moderately temperate habits, and has always enjoyed good health until about three years ago. At that time, he began to experience difficulty in passing water. It would often come in a small stream, followed by a sense of scalding, with an uneasiness about the loins and perineum. After exposure or much exercise, these symptoms were greatly aggravated, so that he was very soon induced to consult a surgeon, whose treatment afforded so much relief, that he supposed he was entirely cured. Last September, about eight months ago, he had an attack of intermittent fever, and was obliged to undergo severe hardship and exposure, which brought

on a relapse of the old difficulty with more severity than ever, and after exhausting all his means to obtain relief, he was finally obliged to ask admission into the Hospital.

He is now unable to pass his water, and has very little control of the urinary organs. The urine is constantly dribbling away from him, (incontinence,) and he suffers great pain in the loins, penis and perineum.

These symptoms are sufficiently characteristic to enable us to form a correct diagnosis, nevertheless, they cannot be regarded as unequivocal, and that we may be absolutely certain, we will endeavor to introduce this sound through the urethra into the bladder. This little operation, if carefully conducted, is generally painless. The sound enters, as you see, easily enough, until it reaches the membranous portion of the urethra, and here its course is suddenly arrested. No reasonable force will carry it any farther. Here it meets some obstruction, which feels hard and unyielding, and is sufficient to account for all the trouble this man suffers.

Here, then, we have a case of organic stricture of the urethra, of three years standing, in a patient 53 years old, and otherwise healthy. Now this condition of things has not come on suddenly. This patient has had this trouble for three years, gradually increasing, until finally, the urine escapes only in driblets. Three years ago, from some cause or other, this man suffered an inflammation of the urethra. This inflammation resulted in the effusion of coagulable lymph beneath the mucous lining of the canal, and this lymph, becoming organized, encroaches upon and nearly closes it. This form of the disease is termed organic, and is always the result of inflammation of some portion of the mucous lining of the urethra. Generally, indeed almost always, this inflammation is neither more nor less than an imperfectly cured gonorrhœa. Strictures assume different forms according to their seat, number and consistence. "In 270 specimens examined by Mr. Henry Thompson, there were 320 distinct strictures. Of these, 215, or 67 per cent. of the entire number, were situated at the junction of the membranous and spongy portions of the urethra; 51, or 16 per cent., in the centre of the spongy portion, and 54, or 17 per

cent., at the external orifice and within two inches and a half behind this point."

Strictures also vary in their density, some being soft and elastic, others hard, dense and unyielding. Some encroach only moderately upon the canal, and produce very little trouble, others are so close as to be impermeable.

In the treatment of strictures we must be governed, for the most part, by the nature and character of the particular case with which we have to do. No one plan is applicable in every case. In some, gradual dilatation is preferable; in others, forcible rupture, incision, external division, or cauterization, may afford the best chances of a permanent cure.

In this patient, and indeed I think in a very large majority of the cases of permeable strictures, the treatment by gradual dilatation is altogether preferable. For this purpose, provide yourselves with a good set of steel sounds, numbering from 1 to 14, and beginning with the largest size that you can introduce without using force or causing much pain, continue their use, about every second day, until you have succeeded in dilating the canal so as to admit, readily, a No. 12 or 14 sound. This will require time, generally from three to six months, but when you once succeed in this manner, the result will be much more satisfactory both to you and to your patient. But even under these circumstances,—after you are able to introduce a No. 14 sound without any difficulty, and have succeeded in relieving every symptom of the disease—it will not be safe to entirely dismiss your patient. There is some remaining, in a fully dilated stricture, that will, in a certain proportion of cases, contract and eventually close the canal, even after a long time, unless the occasional use of the instrument is continued; and if you desire to secure a permanent result, let your patient provide himself with a large sized sound, and after you have taught him how to use it, instruct him to continue its use once or twice a month for at least a year. By doing this, you will, in nearly every case, effect a permanent cure.

We shall treat this patient by gradual dilatation, and you will have an opportunity of seeing the result.

CASE II. This, Gentlemen, is another case of inability to urinate, but of an entirely different character from the one we have just examined, and, as you will perceive, requiring entirely different treatment. This patient was admitted into the Hospital only a few days ago, and gives the following account of himself:

Aged 25, unmarried, general health good, with no predisposition to disease, either hereditary or acquired. Three weeks ago, whilst engaged in the pineries of Michigan, he was struck by a heavy log, which crushed him, until released by his fellow workmen. He was immediately carried to his boarding house, and a surgeon was summoned, who arrived thirty-six hours after the accident. During this time, he was unable to urinate; he only succeeded in passing a few drops of blood and, perhaps, a little urine. The surgeon, on arriving, at once introduced a catheter, affording complete relief.

His injuries seemed to be confined to the lower part of the back and to the perineum, and, excepting the difficulty of urinating, were not of a serious character. The doctor ordered an anodyne, and returned home. From that time to the present, he has not passed a single drop of healthy urine through his urethra. For a day or two after, a few drops of a sanguineous fluid, mixed with pus, would occasionally pass, after great exertion, attended with severe pain, but at no time after the accident was he able to empty the bladder. On the sixth day after the injury, an abscess formed over the middle of the gluteus maximus, which was opened and discharged pus mingled with urine. Through this sinus the urine has ever since continued to flow, not a drop coming in the usual way. Occasionally, this artificial opening becomes temporarily closed, and then he at once begins to suffer from the distressing effects of retention. At best, this affords a very imperfect and inconvenient outlet, almost always attended with pain; the urine dribbling away without his knowledge or control, soiling his clothing and perfuming everything about him. On attempting to introduce this sound, it readily passes down to the membranous portion of the urethra, where it meets an obstruction, which is perfectly impas-

sable. All attempts to pass this point, with any kind of instrument, are futile and useless.

Here, then, we have a case of traumatic stricture of the urethra, perfectly impermeable, of only two weeks' standing, occurring in a man otherwise perfectly healthy, and giving rise to a urinary fistula, opening on the most prominent part of the gluteus maximus.

This is one of the most perplexing cases you will ever be called upon to treat. The condition of this patient is a most unfortunate one, and we must find some way of relief. This artificial passage and opening we must endeavor to close, and, if possible, to find a passage through the natural tract of the urethra. We cannot, as in the other case, use gradual dilatation, for it is absolutely impossible to introduce, in the present condition of the patient, even the smallest sized instrument.

In this case there has been, as in the other, inflammation of the canal, giving rise to the effusion of lymph with its consequences, but the cause of the inflammation being dissimilar, the effect is also different. In the one case, the disease had existed for three years and came on gradually, and was the result, probably, of a specific inflammation of the mucous lining of the urethra. In this case, the disease was brought on suddenly by a blow, and has existed for only three weeks.

It might be a question whether or no the urethra was not, at the time of the injury, completely ruptured; but I think the fact of his being able to pass a few drops of bloody urine, and the doctor's success in placing the catheter, prove conclusively that a complete rupture did not occur at that time, but rather a laceration, or partial rupture, sufficient to produce great difficulty in urinating, and giving rise to inflammation, the effusion of lymph and complete occlusion of the canal. This is the usual course of traumatic strictures.

In the treatment of this case, gradual dilatation, I repeat, cannot be employed, and the same may be said of internal incision, forcible rupture and cauterization. Our only resource is by external division, or, as it is more commonly called, "perineal section."

After consulting with the Hospital Staff, and obtaining the consent of the patient, we have decided to attempt to divide this stricture in the middle line of the perineum, and, if possible, to reopen the track of the urethra.

The patient being fully under the influence of ether, is placed in the same position as for lithotomy, and a large sized sound is introduced to the point of stricture. The incisions are made precisely in the mesial line of the perineum, and are carefully carried down until the point of the sound is reached and the urethra is laid open. Now comes the difficult part of the operation—the search for the other end of the urethra. In this case, you perceive, the upper wall of the urethra seems uninjured, and we have succeeded in following it with this small probe, which will serve as a director. On this probe, then, we incise the canal for about two inches of its extent, and still using the probe as a guide, we can now carry the sound into the bladder without any difficulty. Withdrawing the sound and substituting this silver catheter, which we intend to leave in the bladder for the present, the operation is completed.

We shall now remove the patient to his bed, apply water dressings to the wound, and give a full anodyne for the night. At your next visit you will see the result.

June 12th. Since our last visit this patient has progressed without a single unfavorable symptom. The urine continued to flow through the artificial opening for a few days, when it ceased, and began to pass through the urethra. He is now feeling quite well, and can urinate almost as freely and easily as ever. We have advised him to use a sound occasionally, for a long time, lest the perfect healing and subsequent contraction of the wound reproduce the stricture.

Equivocal Compliments.—A servant of an old maiden lady, a patient of Dr. Poole's, of Edinburgh, was under orders to go to the doctor every morning to report the state of her health, how she slept, etc., with strict injunctions always to add, in conformity to etiquette, "with her compliments." At length, one morning, the girl brought the following startling message: "Miss S——'s compliments, and she de'ed last nicht at aicht o'clock."

PROCEEDINGS OF MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

Dr. Reid read an excellent report of a case of placenta prævia, which may be found in full on another page.

ATOMIZING TUBES.

Several members testified to the great benefit which patients, suffering from catarrhal affections not only of the nasal passages and fauces but also of the lungs, had derived from the inhalation of astringent solutions thrown from atomizing tubes in the form of spray.

CONCUSSION FOLLOWED BY JAUNDICE.

Dr. Bevan reported a case of concussion, in which, for thirty-six hours, there was great degree of coma. At the end of this period bloody serous fluid escaped from the ear. On the fourth day the patient became jaundiced, the conjunctiva and skin being deeply discolored.

Dr. Fisher had seen several cases of jaundice following concussion, and regarded the symptom as one of great gravity.

SUPPRESSION OF URINE IN CHOLERA.

Several cases were reported in which suppression of urine was a most serious complication of cholera. A case, reported by Dr. Reid, is of particular interest. A young man, previously in perfect health, had been relieved of excessive vomiting, choleraic diarrhœa, severe cramps and collapse, after the use of calomel and minute doses of opium. Reaction was re-established and bilious discharges had returned, when symptoms of suppression of the urine appeared. No urine was passed voluntarily nor could be drawn by the catheter for three days; and yet the patient was perfectly conscious, although exceedingly restless and agitated. Diuretics were freely administered; minute doses of morphia became necessary to give quietness. At the end of the third day, great prostration occurred. Although no urine could be drawn from the bladder, consciousness remained almost to the very last. Death occurred on the fourth day from the commencement of the suppression.

TYPHOID FEVER.

The appointed subject of discussion for the evening was the treatment of typhoid fever.

There was a long and interesting discussion, in which nearly all the members took part, but for which we have no space. It may be worthy of notice, however, that Dr. O. Smith and others, who had enjoyed a long experience in Eastern States, called the attention of the Society to the fact, that typhoid fever at the East was a much more serious disease than here; that the disease required very little active treatment either at the East or West, and yet at the East patients would tolerate more active treatment than here.

REPORT OF COMMITTEE ON THE NEW ANÆSTHETIC AGENT—NARCOTINA.

Dr. Bogue, Chairman of the Committee appointed to investigate the merits of a new anæsthetic, presented to the Society a few weeks since by Dr. Gilman, reported as follows:

He had witnessed the administration of the preparation to three patients requiring operations at the Cook County Hospital.

1st. A strong, healthy man, 35 years of age, inhaled the agent seventeen minutes with scarcely any effect either upon the respiration, pulse, consciousness, or sensibility. Chloroform was required for the operation.

2d. A man, similar in appearance with the above, inhaled the agent sixteen minutes with very little effect. In both these cases Dr. Gilman superintended the administration in person, and stated that continued inhalation would probably not produce anæsthesia.

3d. The preparation was administered to a little girl, 5 years of age, for five minutes, when perfect anæsthesia was produced. In this case the immediate and subsequent effects upon the patient were very satisfactory.

Several days after these experiments, Dr. Gilman again administered another preparation, said to be stronger than the first, to the first patient mentioned above. No opportunity was given the Committee of examining this preparation. In six

minutes the patient was fully anæsthetized. During the next twenty-four hours, he was affected with disagreeable nausea.

On motion of Dr. Durham, it was

Resolved, That, after an examination and fair trial by the Committee of the preparation presented to the Society under the name of Narcotina, this Society has no confidence in it as an anæsthetic.

PUNCTURED WOUND OF FŒTUS IN UTERO.

Dr. Bogue exhibited a fœtus apparently of the third month, which had been expelled from a young married woman, after the introduction of a "probe" into the uterus, by a practitioner of this city. Behind and above the right clavicle was a minute punctured wound, as if produced by the probe. Examination showed that this opening extended into the cavity of the chest.

INTERNAL USE OF CHLOROFORM.

Dr. Bogue described the effects of a teaspoonful dose of chloroform, administered in sweetened water, to a strong Irishman, for severe colic pain in the abdomen, which five doses of morphine (gr. $\frac{1}{8}$) every two hours failed to give permanent relief.

Immediately after taking the chloroform, the patient suffered a severe pain in the stomach for half a minute, when he commenced panting violently, laughing and talking wildly. He then lay upon the bed, continuing to laugh and talk about three minutes; at the expiration of five minutes more, he was fully anæsthetized. For about fifteen minutes his breathing was slow and stertorous; his pulse descending from 80 to 48 beats per minute; the veins turgid, lips and face purple.

Sinapisms were applied to the abdomen and heat to the feet. The pulse and respiration became quite normal in a few moments. Slight vomiting occurred, when the patient slept quietly nearly an hour and a half. On awaking, he remained entirely free from pain.

Several members gave most favorable reports from experience regarding the use of chloroform, in doses varying from fifteen drops to a teaspoonful, in water, every two or three hours, for nausea and for pain (colic) in the abdomen.

It is with pleasure that we insert the following correspondence:

CHICAGO, Oct. 4th, 1866.

DEAR SIR,—The students of Rush Medical College, wishing to preserve for their own benefit and gratification your highly instructive and interesting Address, delivered before them at the opening of the present term, have appointed a committee to request the same of you for publication. Therefore, we, the undersigned, as such committee, and on behalf of our fellow students, do most respectfully request that you will do them the honor to present them the manuscript of your Introductory Address for the purpose above mentioned. Very Respectfully,

E. VAN BUREN,
J. A. GROESBECK,
T. B. SPALDING,
} *Committee.*

To J. W. FREER, M. D., *Prof. Physiology and Surg. Pathology, Rush Medical College, Chicago, Ill.*

To Messrs. E. VAN BUREN,
J. A. GROESBECK,
T. B. SPALDING,
} *Committee:*

GENTLEMEN,—I have the honor to acknowledge the receipt of your note of the 30th inst., requesting a copy of my Introductory Lecture to the Session of 1866-67, in Rush Medical College. I herewith transmit to you said copy, with many acknowledgments for the flattering terms in which you have seen fit to characterize its merits. Most Respectfully,

Your Obed't Serv't,
J. W. FREER.

EDITORIAL.

BOOK NOTICES.

A *Guide to the Practical Study of Diseases of the Eye, etc.* By JAMES DIXON, F. R. C. S., etc. (From the Third London Edition.) Philadelphia: Lindsay & Blakiston. 1866. For sale by S. C. Griggs & Co., Chicago.

An elementary work on diseases of the eye, suitable in all respects for the use of students, would be a most valuable addition to the list of excellent text-books in the various departments of medicine.

The little work of Mr. Dixon is certainly one of the best yet published. The student who, in connection with clinical instruction on diseases of the eye, can impress upon his memory all the principles discussed in this work, will be better enabled

to study intelligently the more extended works on ophthalmology.

There are, however, many faults in the work. The description of symptoms is often very imperfect. We can scarcely conceive how a practitioner's own experience, or his knowledge of the experience of others, should lead him to almost wholly ignore the use of atropine in the treatment of iritis.

Mr. Dixon states that it is the function of the oblique muscles of the eye to keep the perpendicular diameter of each cornea (meridian of the globe) parallel with that of the other, when the head is inclined from side to side towards the shoulder. We have been taught to believe this theory of the function of the oblique muscles had long since been absolutely overthrown by direct positive proof, and that the true function of these muscles consists in maintaining the meridian of the two globes parallel in the movements of the eyes upwards or downwards to the left or right.

ST. LUKE'S FREE HOSPITAL.

The second Annual Report of this Hospital has been received. Although this most excellent charity, by its special charter, is wholly under the control of the Protestant Episcopal Churches of Chicago, and principally supported by them, it is maintained for the needy poor of Chicago without regard to religious faith. It will be observed, that of 198 cases tabulated in the annual Report, only 33 were Episcopalians.

The Hospital is under the management of a Board of Trustees and a Board of Direction, the last being composed of ladies.

The Physician-in-Chief is John Owens, M.D. The Consulting Physician is Prof. J. Adams Allen, M. D.; Consulting Accoucheur, Prof. W. H. Byford, M. D.

There are 49 obstetrical cases recorded in the Physician's report.

Students are permitted to visit the Hospital, on applying to the attending Physician.

We can scarcely conceive of a nobler object, for which a

Christian denomination can labor outside of its special church work, than for the establishment and support of a good hospital for the benefit of the sick poor, however small it may be.

We believe it is often as great a charity to prevent mental as physical suffering. There are grades of society even among the poor, which should, to a certain extent, be respected.

There are very many ignorant poor, who, from their habits and associations through life, are perfectly content to become patients in our general hospitals, if they can be persuaded that "the doctors" will not "try experiments on them," and will employ their best skill in endeavoring to relieve them.

There are also other classes who, from their education and relations in society, without the charge of false pride, would suffer mental distress and feel degraded on being thrown into the common wards of a pauper hospital. Every practising physician is constantly observing, for instance, widows, left poor and with children, parents with large families of children, who have neither the accommodations for sickness, nor the means of paying a physician a tithe of his fees. There are respectable women about to be confined, whom circumstances have suddenly deprived of a home; there are seamstresses, shop girls and young men often disabled by sickness or accident, in large numbers in our city, who have but the doubtful comforts of a boarding-house. Such patients are often able to pay a part or even the whole of their expenses at such hospitals as we have described. The benefits which all these classes of sick poor receive at such hospitals as St. Luke's and the Hospital for Women and Children are almost incalculable.

We hope to see an increase, within certain limits, of small hospitals in each division of Chicago, under the patronage of our different churches.

The sick can then be conveyed more readily and more conveniently to themselves and friends to comfortable quarters. The medical attendants can be physicians residing near the hospitals, and easily called in cases of emergency.

We will call the attention of our readers in our next issue to the other hospitals of Chicago.

MORTALITY IN THE CITY OF CHICAGO DURING THE MONTH OF SEPTEMBER.

The following is from the Health Officer's Report:

Number of Deaths.—Under 5 years of age, 329; from 5 to 10 years, 48; from 10 to 20 years, 36; from 20 to 30 years, 77; from 30 to 40 years, 106; from 40 to 50 years, 68; from 50 to 60 years, 41; from 60 to 70 years, 22; from 70 to 80 years, 3; from 80 to 90 years, 3. Unknown, 6. Total, 739.

Nativities.—Chicago, 311; other parts of the United States, 108; Bohemia, 17; Canada, 9; Denmark, 2; England, 15; France, 4; Finland, 2; Germany, 122; Holland, 6; Ireland, 83; Italy, 1; Norway, 25; Poland, 3; Russia, 1; Sweden, 15; Scotland, 4; Switzerland, 1; New Brunswick, 1; Wales, 1; unknown, 8. Total, 739.

Causes of Death.—Accident, 14; Burned, 1; Childbed, 5; Cholera, 166; Cholera Morbus, 36; Cholera Infantum, 6; Congestion, 2; Consumption, 29; Convulsion, 20; Cramp, 6; Diarrhœa, 23; Dysentery, 13; Drowned, 7; Fever, 70; Killed, 3; Pneumonia, 2; Small-pox, 1; Stillborn, 6; Summer Complaints, 87; Suicide, 3; Other causes, 161. Total, 739.

CASES OF CHOLERA.

Nativities.—United States, 33; Bohemia, 9; Canada, 2; Denmark, 2; England, 6; France, 2; Germany, 110; Holland, 1; Ireland, 66; Norway, 19; Poland, 1; Sweden, 5; Switzerland, 2; Spain, 1; Scotland, 1; Italy, 1; unknown, 11. Total, 272.

Ages.—Under 5 years, 15; from 5 to 10 years, 22; from 10 to 20 years, 15; from 20 to 30 years, 64; from 30 to 40 years, 74; from 40 to 50 years, 40; from 50 to 60 years, 23; from 60 to 70 years, 7; from 70 to 80 years, 1; unknown age, 11. Total, 272.

The following is the distribution of cases in the several Wards:

First,	20	Seventh,	21	Thirteenth,	3
Second,	21	Eighth,	8	Fourteenth,	35
Third,	19	Ninth,	5	Fifteenth,	20
Fourth,	16	Tenth,	5	Sixteenth,	14
Fifth,	12	Eleventh,	19	Unknown,	2
Sixth,	15	Twelfth,	37		
		Total,			272
Number of Males,	143	Sex unreported,			4
Number of Females,	125				
		Total,			272

Number of deaths ascertained during the month, 166

MORTALITY FOR OCTOBER.

Causes of Death.—Accident, 11; Bronchitis, 1; Cancer, 2; Childbed, 3; Cholera, 673; Cholera Morbus, 15; Cholera Infantum, 9; Congestion of Lungs, 1; Congestion of Brain, 4; Cold, 1; Consumption, 43; Convulsions, 46; Croup, 8; Delirium Tremens, 2; Decline, 4; Diarrhœa, 21; Diphtheria, 12; Disease of Bowels, 1; Disease of Brain, 3; Disease of Heart, 6; Disease of Liver, 4; Disease of Lungs, 6; Disease of Spine, 1; Disease of Throat, 2; Disease of Hip, 2; Dropsy, 6; Drowned, 4; Dysentery, 10; Erysipelas, 1; Fevers—childbed, 2; remittent, 17; scarlet, 8; typhoid, 38; typhus, 1; not stated, 12; Hemorrhage, 1; Hydrocephalus, 1; Inflammation, 2; Inflammation of Brain, 12; Inflammation of Bowels, 7; Inflammation of Kidneys, 5; Inflammation of Lungs, 3; Intemperance, 1; Marasmus, 2; Measles, 6; Neuralgia, 1; Old Age, 13; Poisoning, 2; Pleurisy, 2; Phthisis Pulmonalis, 1; Rheumatism, 1; Scrofula, 2; Still-born, 9; Summer Complaint, 38; Suicide, 1; Teething, 18; Tuberculosis, 2; Whooping Cough, 19; Worms, 1; Wound, 1; Uremia, 1; unknown, 37. Total, 1170.

Nativities.—Chicago, 331; other parts of the United States, 260; Bohemia, 24; Belgium, 2; Canada, 13; Denmark, 3; England, 39; France, 3; Germany, 223; Holland, 2; Ireland, 168; Norway, 44; Nova Scotia, 1; on the sea, 1; Poland, 1; Spain, 1; Sweden, 23; Scotland, 8; Switzerland, 1; Wales, 2; unknown, 20. Total, 1170.

Ages.—Under 5 years, 329; from 5 to 10 years, 95; from 10 to 20 years, 66; from 20 to 30 years, 202; from 30 to 40 years, 190; from 40 to 50 years, 116; from 50 to 60 years, 72; from 60 to 70 years, 47; from 70 to 80 years, 22; from 80 to 90 years, 5; from 90 to 100 years, 1; unknown age, 25. Total, 1170.

The deaths were divided throughout the city as follows: North Division, 311; South Division, 351; West Division, 503; unknown, 5. Total, 1170.

The number of deaths during the corresponding month of last year was 360.

OBITUARY.

In the *Nevada* (California) *Daily Transcript* of Sept 1, 1866, we read the following:

DIED—In this city, Sept. 1st, 1866, Dr. EDWIN G. MEEK, aged 44 years.

Dr. Meek was co-editor of this Journal, with Dr. John Evans, from April, 1849, to February, 1851. He had previously contributed several interesting papers for the Journal, among which

was one on "The Physical Condition of the Aborigines, with an Account of their Practice of Medicine," written while he was stationed at the Choctaw Agency, West Arkansas.

In his valedictory of February 15, 1851, on resigning his position as editor of this Journal, he states that he is about to leave Chicago for the practice of medicine on the Pacific coast.

The success of the Journal during the period of his connection with it, depended, in a great measure, upon the labors of Dr. Meek.

The deceased was regarded as a man of fine abilities and excellent education, and during his residence in Chicago, received the confidence and esteem of the profession.

A Doctor's "Line:" Illustrating a New Mode of Getting a Prescription from the Apothecary's.—In a not very populous district in the neighborhood of the Scottish town of Dumfries, there resides a carter, named Brown, with his wife and mother. One day lately the old lady took alarmingly ill; the son hurried to the town and returned with a physician. The patient was examined, and a piece of paper called for, on which to note the remedies to be administered. Not a suitable piece of paper was, however, to be found in this isolated domicile, and singular enough, the doctor had not a scrap in his possession. "Have you a piece of chalk, then?" somewhat gruffly inquired the M. D. He was answered in the affirmative, provided with the article, wrote the prescription out on the door, and, taking leave, told his employer to get the parish schoolmaster to transcribe it. Brown, however, was not disposed to put himself under obligation to even such a genial personage as the village dominie, and, though he may not have heard of Mr. Smiles' "Self-Help," he determined on a course that showed he was at least familiar with the adage, "He is best served who serves himself." The fastenings of the hinges were immediately removed, the door taken down, laid on a barrow, and wheeled into town with all possible haste. Arrived at Dumfries, he strode into an apothecary's shop with the door on his shoulder, and the astonishment of the knight of the pestle and mortar, when it was placed on the counter with the words, "There's a line from Dr.——," may be better imagined than described. Apothecaries, however, are not quite so particular as bankers as to what they honor, and our friend received his medicine without being subjected to many queries.

Sign of the Times.—In one of the busy thoroughfares of Chicago may be seen the following dubious announcement: "Cholera cured without fail."

THE DEATH OF DR. BRAINARD.

Prof. DANIEL BRAINARD died in this city, October 10, 1866. Less than one month previously, after a prolonged absence in Europe, he returned to his home, bringing renewed health and unwonted zeal for the prosecution of those labors which have made his name a household word throughout the country.

His health had been somewhat impaired for a year previous to his departure for Europe, but not sufficiently to prevent him from doing an ordinary amount of mental and physical labor. His disease was a functional derangement of the kidneys, diagnosticated by Trousseau and other distinguished professors in Europe as oxaluria. He spent most of his time while abroad traveling with his family in Italy and Switzerland.

The few days that intervened between his arrival and death was spent mostly at his office and in the visitation of friends. On Tuesday afternoon, October 9th, he lectured to the class at the College, devoting a part of the hour to a subject not connected with his branch—the epidemic of cholera then prevailing at Chicago. He spent the evening at his office, conversing with a number of friends. He retired at 11 o'clock with every appearance of perfect health. During the latter part of the night he had an attack of diarrhœa, which he checked by an enema of vinegar of opium. He arose the following morning and partially completed his toilette, read the morning paper, and commented on the election news—the only indication of

illness being a slight moisture of the skin, which he attributed to the opium taken during the night. He took a bowl of chicken broth for breakfast, and remained comfortable until about 9 o'clock, when he was seized with a most violent paroxysm of vomiting, followed soon after by a return of diarrhœa, both of which continued at short intervals for about two hours, when they entirely ceased. During that time he sank rapidly, and by 2 o'clock was in profound collapse. He ceased to breathe at a quarter past 9 in the evening of October 10, 1866.

This melancholy event excited a profound sensation in our community. The day was dark and gloomy; the epidemic was at its height; the ensigns of mourning were overshadowing the public buildings, in memory of those officers of the city government whom the pestilence had stricken. The members of the medical profession gathered at the Court House to unite in their testimonials of respect for the honored dead, and on the morrow, a solemn assembly at St. James's Church, told how deep was the feeling of the loss which we have sustained.

It is yet too soon to discourse calmly upon the life and the character of our departed teacher. To narrate the events of that career, would be to touch upon all that pertains to the history not only of surgery, but of civilization in the Western States. Coming from the East, thirty years ago, Dr. Brainard discovered in the little town under the walls of the old fort near the river Chicago, an opening—a widening field for the exhibition of his genius. He rose at once to the leadership of his profession, and the fame of his skill outstripped even the marvelous growth of his chosen city. Twenty-three years ago, he laid the foundation of Rush Medical College, an institution which stands to-day, the proudest monument of its author's fame. Twenty-three years ago, he was the leading spirit in the management of this journal, and from that day to the present, it would be hard to find anything of value to the profession in the Northwestern States which cannot be traced directly to its source in the teeming brain of this wonderful man.

From the *Genealogy of the Brainard Family*, we quote the following sketch:

Dr. Brainard was born, May 15th, 1812, at Whitesborough, Oneida County, N. Y. He received the advantages of the Academy or High School of that town; and commenced the study of his profession there in 1829, but soon went to Rome, where he pursued them further, enjoying at the same time the benefit of lectures. He attended two courses, one at the Medical College in Fairfield, and the other at Jefferson Medical College, Philadelphia, where he was graduated in the spring of 1834. He then returned to Whitesborough, where he remained two years with his former preceptor, nominally in practice, but mostly engaged in the study of the Latin and French languages and professional teaching. In the spring of 1836, he gave his first course of lectures, which was on anatomy and physiology, in the Oneida Institute. In August, 1836, he removed to Chicago, where he remained until October, 1839, when he took a voyage across the Atlantic and visited Paris for the purpose of improving himself further for his profession, where he remained until April, 1841, when he returned and resumed his practice. Soon after this he was appointed Professor of Anatomy in the University of St. Louis, where he gave a course of lectures in 1842.

He was a Corresponding Member of the Society of Surgery in Paris, and of the Medical Society of the Canton of Geneva. His essay on the treatment of ununited fractures and deformities received the prize of the American Medical Association at its meeting in St. Louis, May, 1854. During nearly the whole of the administrations of Presidents Pierce and Buchanan he held the position of Surgeon to the Marine Hospital, and was, for a long time, Surgeon of the Mercy Hospital, etc., in this city.

February 5, 1845, he was married to Evelyn Sleight, and has had four children: Julia, Edwin, Daniel and Robert P. Brainard, the last two of which are dead.

His wife and surviving children are still in Europe.

Dr. Brainard was blessed with an iron frame, and a commanding person. His figure was tall and stately; his manner was the soul of dignity. One could not enter his presence without feeling a sense of the greatness of the man. As a teacher he stood without a rival. The order, the method, and the clearness of his lectures have never been surpassed. As a writer he is best known by the essays which have been scattered through the medical journals of the country. The great work of his life, though long announced, remains incomplete—cut short by his untimely death. As a scholar his attainments were not bounded by the limits of his profession. There was no department of science which he had not explored; there was nothing too low, nothing too high, for the range of his observation. Strength and perseverance were the pillars of his fame, and to no human power did they ever yield.

A meeting of the members of the medical profession was held at the Council Chamber, at 4 o'clock on the afternoon following the death of Dr. Brainard, for the purpose of taking proper action in relation to the sad event.

On motion, Dr. C. H. Duck was elected Chairman, and Dr. Charles G. Smith, Secretary.

The Chair then stated that it was the object of the meeting to pay the last sad tribute to a departed brother.

Dr. Brock McVickar rose and said:

The occurrence which has drawn us together has been recited in brief and emphatic words in our city papers to-day, "Died, October 10th, 1866, of cholera, Daniel Brainard, M. D., aged 53 years." Gentlemen, when we last assembled in this hall, as members of the profession to which we belong, we came together to record our respect and consideration for a departed brother, who had been taken away from us in the spring time of professional life, with the future all bright and promising before him. To-day we come to perform the same sad service for another; one older in years and full of honors, one whose ambition and aspirations for the future had become to him the fruitions of the present, one who stood, with well-earned laurels, at the head of the profession which he dignified and adorned. Gentlemen, Daniel Brainard was no ordinary man. He was possessed of sterling abilities, quickened and developed by culture and study; of untiring industry; of unremitting perseverance and unflagging zeal in the pursuit of knowledge. He was cold and reticent at times, but what seemed coldness to many was but the absorption of a strong and earnest nature, pressing forward to the attainment of the high mark he had proposed to himself. He had an abiding hatred for pretenders and shams, and looked with little favor upon those who followed their profession without seeking to rise above its daily routine of duties. When once satisfied of a man's integrity, earnestness and intelligent devotion to his profession, he was his friend. With Dr. Brainard, with but slight interruption, my relations, personal and professional, have always been of the most agreeable character; and at the time of his death, they were particularly so. I shall never forget how, during my last interview with him, a few days since, I was impressed with respect and regard for him as a gentleman, courtly in his manners, polished by foreign travel and culture, the peer of the noblest in the land. His example, Gentlemen, may serve to illumine the pathway of the student, to quicken him to higher and better efforts, and give him assurance of success. Of Dr. Brainard's position, jealousy has been manifested by smaller minds, many times falling under my own knowledge. He was restless sometimes under this jealousy and its resulting injustice, and that restlessness, at an early day, toned and tempered his feelings; but, when a man has attained the measure of success which fell to his lot, and which he earned so faithfully, he can afford to smile, instead of being annoyed, and look down, as he did ultimately, with the calm consciousness of

superiority, obtained by his own efforts and the exercise of the powers and faculties given him by God. But he is gone from us, and the places which knew him once shall know him no more. Peaceful be his rest, green be the turf which grows above him, and bright be the place which he shall hold in the memory of friends he has left behind.

I move you, sir, the appointment of a committee of five to draft resolutions expressive of the sense of this meeting on the occasion of the decease of our brother, Daniel Brainard.

This motion being carried by a unanimous vote, the Chair appointed, as such committee, Doctors McVickar, H. A. Johnson, Trimble, Charles G. Smith and G. C. Paoli.

The committee subsequently reported the following:

Resolved, That in the dispensation of Divine Providence, which has removed from our midst our deceased friend and brother, Daniel Brainard, we recognize the hand of Him who does everything well, and bow submissively to His will.

Resolved, That our deceased brother, by his natural powers of mind, by his capacity as a teacher, by his untiring industry, by his unwearied zeal and assiduity in the profession of which he was a distinguished member and ornament, has acquired a position of character and usefulness, recognized not only by his colleagues at home, but by the profession throughout the world.

Resolved, That in his example we read the great lesson of encouragement in the paths of duty and honor, and while humbly seeking to imitate it, we hold it up to the consideration of members of his own and other professions everywhere; and that in his death the profession of our city and the Northwest has suffered an irreparable loss.

The resolutions were adopted.

Dr. G. C. Paoli paid the following tribute to the memory of the deceased:

There is a certain sadness and solemnity in our meeting to-day, to pay our respect to our departed friend and professional brother.

The profession deeply feel the loss they have sustained in Professor Brainard's death, for he was no ordinary man. Highly gifted by nature, his powers were cultivated by study, and from pure love of the profession, he devoted himself with untiring zeal to the work of instruction. As a surgeon, he had few equals—as an operator, he was cool, cautious and bold.

As a lecturer, he possessed, to a remarkable degree, the rare talent of profound clearness in communicating his ideas to his listeners, and the most difficult subject in surgery he always imparted to the student with a certain plainness and simplicity, and excelled all other lecturers whom I have heard in condensing the greatest amount of instruction in the fewest words.

He was an acute observer of nature, which made him, as a lecturer, at once practical and original. Rush Medical College possesses several eminent men, but Brainard stood foremost among them. His reputation also stands

high abroad, and though he had lived long enough to win fame and honor, his life was all too short for humanity. His teachings belong to the future, and surgical annals will place him amongst the greatest surgeons of the nineteenth century.

On motion of Dr. Johnson,

Resolved, That a committee of five be appointed to take measures to procure a marble bust, or some other permanent memorial, of the late Dr. Brainard.

The resolution was carried, and the following gentlemen were appointed the committee: Dr. R. C. Hamill, Dr. H. A. Johnson, Dr. J. V. Z. Blaney, Dr. N. S. Davis, Dr. DeLaskie Miller.

At the request of Dr. Powell, nephew of the deceased, six of the twelve pall-bearers were selected by the meeting. They were as follows: Drs. Hitchcock, Duck, Eldridge, Hamill, Paoli and Johnson.

At a meeting of particular friends, the following distinguished citizens were also selected as pall-bearers: His Honor the Mayor, J. B. Rice, Hon. Charles Walker, Hon. J. Young Scammon, John L. Wilson, Esq., Dr. C. V. Dyer, and Julian S. Rumsey, Esq.

At a meeting of the Faculty of Rush Medical College, held at 12 o'clock of October 11th, to receive the announcement of the death of Prof. Daniel Brainard, M. D., President of the Faculty and Professor of Surgery, the following resolutions, reported by a committee of their number, were unanimously adopted:

WHEREAS, It has pleased Divine Providence to remove, by the hand of death, our revered President, Daniel Brainard, M.D.;

Resolved, That in his death we, as a Faculty, have sustained a shock which we feel that words are inadequate to express.

Resolved. That we mourn his loss as of a colleague, a brother, a friend—and a chief—a loss that we feel to be irreparable, not only to ourselves but to our alumni, our class, and to the profession of the world.

Resolved, That in the death of Daniel Brainard, the profession at large has lost one of its most distinguished members, and one of the most useful and devoted of its co-laborers, and that his contributions to its advancement and progress, will perpetuate his memory in the history of the profession.

The funeral ceremonies were conducted at St. James' Church, cor. of Huron and Cass streets, by Rev. Clinton Locke, Rector of Grace Episcopal Church. The occasion was a solemn and

impressive one, and as such it was felt by all who were present. It was apparent that the sudden death of this honored and eminent man had cast a gloom not only upon those of his profession, but to a certain extent over the whole city.

At 10 o'clock a number of the friends of the deceased met at the residence of Colonel J. H. Bowen, on Michigan avenue, from whence they proceeded to the church to receive the remains.

At 11 o'clock the coffin was taken from the funeral car by the pall-bearers, and carried into the church. In the porch stood ladies, each with a floral wreath or immortelle, which they laid upon the bier as it passed. At the same time the clergyman proceeded to read the burial service, commencing—"I am the resurrection and the life." The coffin was borne along to the front of the altar, followed by the members of the medical profession in a body, and the students of the College.

After the usual prayers and the reading of the Scriptures, Rev. Clinton Locke delivered the following funeral discourse:

Well does Horace say that "gloomy and impartial death knocks at the door of the royal palace as well as at the door of the cabin of the pauper." Our Last Enemy, as the Scriptures expressively call him, is not daunted by station, nor careful of feelings. He would enter a congress of the world's monarchs, lay his hand upon the shoulder of its mighty head, and perforce, the stricken one must lay aside the crown and sceptre, pomp and power, and follow him. He is utterly regardless of the crying need there may be for a man, his brilliant acquirements, the usefulness of his position, the void his death will create; relentless, immovable as a heart of marble, he moves among men and summons them away. Mediæval tradition loved to represent him under the figure of a woodman walking through a forest, now cutting down a tender sapling, now a hard and sturdy oak, now cropping a just opening flower, and now overturning an aged tree tottering in the wind. Cruel and mysterious being, we shudder when we think of him and all his loathsome adjuncts, and indeed the misery and the wretchedness he causes would be without one single ray of comfort if the eye of faith did not see standing beside his skeleton the all-glorious figure of the Lord of the Resurrection, bearing the trophies of his victory over death, pointing to the stone rolled away from the sepulchre, and proclaiming that "Christ being raised from the dead, death hath no more dominion over him; that as in Adam all die, even so in Christ shall all be made alive." This alone can enable us to think of death with composure. His victory is only for a time. He cannot separate us for eternity from those we love. He cannot prevent our individuality from vesting itself in the mystic garment of its celestial state, and living again forever,

invulnerable to any dart of his. We can heap the mound over the coffins of our dearest ones, with a firm hope below all our tears that no power can kill the soul; deathless, immortal, it is already in the place of departed spirits, awaiting the judgment; already, if it has been faithful, enjoying a foretaste of the blessedness of Heaven; and if faithless, the premonitions of supreme despair.

Busy, indeed, my friends, is the woodman death now among us. Fast and thick his strokes fall upon the trees of the forest, and while for all we feel a general sorrow, yet, when there comes crashing down one of the noblest oaks in all the woodland, whose shaft had pushed up so high, whose branches spread out so wide, we cannot help pausing a moment to grieve over the loss, and admire the beautiful proportions. The simile is not out of place, I feel, at the funeral service at which you are now assisting. The presence of so many well known public men, so many of the first members of the medical staff of the city, even if I were totally ignorant of the name and fame of the tenant of this narrow house, would assure me that this was no common death, no every-day bereavement. But this crowd of honorable and distinguished mourners was not needed for that. The dead before us had not only a Chicago, but an American, not only an American, but a foreign reputation. He had earned for himself the foremost place in his peculiar department in all this vast Northwest. He took rank with such men as Parker, Post and Gross, and when in after times some chronicler gathers up the names of the most distinguished surgeons, the name of Brainard will be found the peer of Astley Cooper, John Hunter, and the elder and younger Larreys. With the date and place of his birth, and the circumstances of his education, the daily press has made you familiar. He did not, like so many, consider that when he left the lecture-room, to assume the M.D., his studies were over, and he perfectly competent to treat everything from a felon up to a compound fracture; but throughout his long life he availed himself eagerly of every opportunity of instruction. The great schools of Paris knew no more assiduous student, and he had just returned from another visit to those splendid centres of medical learning which the experience of centuries has built up abroad. It was in the branch of surgery that our departed friend gained his first laurels. His favorite department, he loved it to the end with all the ardor of a young enthusiast. He was a brilliant operator, firm in touch, rapid in movement, never flurried by even the most trying crises, perfectly conversant with what was to be done and how to do it. Possessing beyond the methods of the schools that inventive faculty, that power of combination which alone can make a man great, he had risen to the very head of his profession, and what is unusual, he had amassed a large fortune by his professional exertions, a much rarer thing than persons outside the medical profession are apt to think. Not only as a surgeon, however, did he merit distinction, but as a man of science, particularly in the departments of natural history, anthropology, botany and geology. He was an authority in all these points, and amid all the cares of his immense practice, kept himself freshly informed of the latest discoveries in these sciences so near akin to his own profession. He was, moreover, a man of extensive general information, of fine literary

taste, well informed, and thoroughly interested in the commercial and municipal relations of this city, with which he has ever been identified. His taste and acquaintance with sculpture and painting was that of a thorough connoisseur, and he has left among his most cherished possessions works of art of the first class, of which Chicago may well be proud. His greatest monument will be the college of which he was the founder. Standing in its halls and asking of Brainard, the answer might well be the epitaph of Sir Christopher Wren—"*Si quæris monumentum circumspice.*" It may be out of place, but I cannot help suggesting that henceforth that institution should bear his name, that legal enactment should give a right henceforth to say, "Brainard Medical College."

To strangers he may have seemed cold and reserved, but it was because he had no time for trifling, or for the bald common-places of society. His friends never found him otherwise than genial, polished and ready with his counsel and his aid. Many a young man among the twelve hundred who have come under his care, knows how freely his purse was open to his necessities, for he was a generous, cheerful, open-handed giver, and he took above all the greatest delight in helping onward a struggling youth, desirous, and yet pecuniarily unable to acquire the necessary information. One lesson his life teaches which should sink deep into the hearts of all the younger members of his profession. He gained his place by the hardest, the most exhausting labor. He may have had natural genius, but he looked for success to application, and he was never for one moment idle. He was not, what I wish I could say of him, a devout Christian, but he was no disregarder of religion, no scoffer at its doctrines, and he was far from having those materialistic views so common with many of his brethren. The Bishop of the Diocese was for years his intimate friend, and my place would have been his if he could have been here.

He is gone. Suffering humanity will feel the void. The great and noble profession he so adorned will miss his voice, the college of his love will sorrow over its bereavement, a far-off family will feel a double desolation when the sad news of a husband and father's death reaches them amid a strange city; and we stand silent and humbled when we think that he, who had met and conquered death so many times for others, who was fully armed with every weapon which could ward off from man the arrows of the destroyer, to whom so many grateful hearts among poor and rich turn as their preserver from a premature grave, should have been forced to throw down his arms, and in a few swift hours to bend his neck to the blow of relentless death. How truly it shows the vanity, the nothingness of human knowledge.

At the conclusion of the address, the remains were taken back to the funeral car, and the cortege, composed of about thirty carriages, proceeded to the old City Cemetery, where the remainder of the funeral service was read. The remains were then placed in the vault, where they await the wishes of the friends of the deceased.

A special meeting of the Sangamon County Medical Society was held in the city of Springfield, October 13th, at 3 P. M., Dr. Wright, of Chatham, Vice-President, in the Chair.

On motion of Dr. Wardner, the Chair appointed a committee of three to draft suitable resolutions regarding the death of Professor Daniel Brainard, of Chicago. The committee consisted of Drs. Wardner, Griffith and Bailhache.

On motion of Dr. Townsend, Dr. Wright was added to that committee.

The committee reported back the following preamble and resolutions, which were unanimously adopted:

WHEREAS, It has pleased an all-wise Providence to remove by death, Daniel Brainard, M.D., late President and Professor to Rush Medical College, whose ability and professional attainment gave him high rank in medical science, not only among friends and acquaintances, but among all devotees of the science he so much honored; therefore,

Resolved, That in the death of Dr. Brainard, the profession is bereft of an able teacher, science of an ardent student, and the community in which he lived of a valuable citizen.

Resolved, That we tender to the Faculty of Rush Medical College, our condolence for the loss of its President, and one of its most honored teachers.

Resolved, That we tender to the afflicted family our sympathies in this, their hour of sad bereavement.

Resolved, That the Secretary furnish a copy of these resolutions to the family of the deceased, and the Faculty of Rush Medical College; also, a copy to each of the papers of this place, and to the CHICAGO MEDICAL JOURNAL and *Chicago Medical Examiner*, for publication.

N. WRIGHT, *Chairman.*

A. L. CONVERSE, *Sec.*

NEW ORLEANS, Oct. 22, 1866.

DR. DELASKIE MILLER:

Dear Sir,—By your favor of the 15th inst., I learn with profound regret the death of Prof. Brainard, a name dear to science—an ornament to our profession.

In labors great, in knowledge deep,
His work well done—let Brainard sleep;
Erect his tomb hard by the lake,
Where waves on waves resounding break,
And chant upon the shelly shore
His *requiem* forever more.

BENNET DOWLER.